Cost Analysis of Afghanistan Basic Package of Health Services (BPHS)

Mir Najmuddin Hashimi
MD, MSc

Presenter Disclosures
Mir Najmuddin Hashimi

No relationships to disclose
Outline

• Background
• Objectives
• Methodology
• Findings
Background

• Afghanistan health system requires that governments, donors, and non-governmental organizations (NGOs) to sit on a common platform to support critical health priorities

• Basic Package of Health Services (BPHS) was initiated in 2003

Background

• The BPHS was introduced in order to:
  — provide a standardized package of basic services
  — promote a redistribution of health services by providing equitable access, especially in underserved areas
Objectives

• Understanding major BPHS cost drivers
• Comparing cost variations across facilities and provinces
• Informing decisions about resource allocations across primary health care facilities

Methodology

Sampling
  — Geographical representation (Central, North, East, West, South)
  — Population representation
  — Donor funding
  — National and international NGOs
484 BPHS health facilities in 11 provinces
27% of all BPHS health facilities / covers 29% of the total population

Methodology … cont.

Data Collection:
• Health facility data was collected from six implementer NGOs; and
• MoPH-SM (for SM facilities in Parwan)
Methodology ... cont.

Direct Costs:
- Salaries and wages
- Drugs and disposables
- Training and development
- Other operational expenses
- Capital expenses

Methodology ... cont

Indirect Costs:
- The total number of outpatient visits across all facilities was measured and then allocated to each facility based on its workload.
- Governance, monitoring, and supervision include costs related to finance and administration
Methodology … cont.

Data analysis serves two purposes:
• Uncover the overall operating costs of BPHS in the sampled provinces using the cost inputs
• Identify variations in operating costs across different facility types.

Findings
### Per Capita Cost by Facility

<table>
<thead>
<tr>
<th>Facility type</th>
<th>Cost per Capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sub-Center (HSC)</td>
<td>4.56$</td>
</tr>
<tr>
<td>Basic Health Center (BHC)</td>
<td>1.99$</td>
</tr>
<tr>
<td>Comprehensive Health Center (CHC)</td>
<td>2.28$</td>
</tr>
<tr>
<td>District Hospital (DH)</td>
<td>1.44$</td>
</tr>
</tbody>
</table>

### Cost per Capita by Province

![Bar Chart]

<table>
<thead>
<tr>
<th>Province</th>
<th>Cost per Capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bamyan</td>
<td>5.93</td>
</tr>
<tr>
<td>Takhar</td>
<td>5.16</td>
</tr>
<tr>
<td>Farah</td>
<td>4.93</td>
</tr>
<tr>
<td>Balkh</td>
<td>4.65</td>
</tr>
<tr>
<td>Daikundi</td>
<td>4.66</td>
</tr>
<tr>
<td>Laghman</td>
<td>4.36</td>
</tr>
<tr>
<td>Average</td>
<td>4.17</td>
</tr>
<tr>
<td>Parwan</td>
<td>3.79</td>
</tr>
<tr>
<td>Paktia</td>
<td>3.67</td>
</tr>
<tr>
<td>Helmand</td>
<td>3.55</td>
</tr>
<tr>
<td>Khost</td>
<td>2.76</td>
</tr>
<tr>
<td>Ghazni</td>
<td>2.43</td>
</tr>
</tbody>
</table>
General Observations

- Maintaining a regular supply of essential drugs, one of the key elements of the BPHS, also generated costs that had non-negligible economic repercussions.
- Costs related to the procurement and management of supplies, activities and transport and maintenance services were the major components of the BPHS expenditures.
Thank You

You can download the full report from the following link: